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## EDITORIAL COMMENT



### WHAT IS MY PLACE?

WHEN a nurse is on duty in a family where several servants are employed, she will often observe that the work of the household fails to go as smoothly as it should because some maid, instead of doing her work honestly and heartily, is stopping to ask whether it is her "place" to perform this or that task. How irritated we feel that the domestic wheels should be clogged by such foolishness! How much more valued that maid would be if she were more intent on being of service and less afraid of being imposed upon. How much better it would be for her in the end. Such workers are always being left by the wayside, and they wonder why. How clear all this seems.

Is there any lesson in it for us? There surely is. There are many earnest, honest women in our ranks who work hard wherever they go, among rich or poor, doing what is to be done and bringing honor upon themselves and their calling. It is very hard for such women to bear patiently the everlasting complaint from the public as to the uselessness of some trained nurses. Yet these complaints would not arise without cause, and the superintendents of hospitals and secretaries of directories realize that we are facing a serious problem which can only be solved by a more earnest, helpful spirit among private-duty nurses.

In every rank of life there are to be found those who are looking for an easy time, but it seems strange that such women should enter the nursing profession, or that, once in, they should stay there, for nursing is not easy work, nor ever will be. All work is more easy, however, when undertaken in a spirit of self-forgetfulness and loving service. If the nurse who shirks all disagreeable duties possible and prides herself upon doing nothing outside her own line would once try

the other way, she would be amazed at the different atmosphere in which she would find herself. She may fancy that by showing a willingness to be useful wherever there was need, she would find herself imposed upon, but in ninety-nine cases out of a hundred it would not be so. The world gives us back as a rule what we give to it, and if we mete out our service grudgingly we shall receive scant courtesy in return, while those who pour out their services lavishly find themselves receiving, all the time, and from every side, unexpected kindnesses which seem to them far beyond their deserts. A nurse whose stay in a family is endured and whose departure is looked forward to with relief, has missed her calling, no matter how skilful she may be. The "place" of a nurse is where she is most needed. She should be the one person in a household whose feelings are in no danger of being injured, and who is ready for each emergency that arises, medical, surgical, or domestic.

In a recent number of the *Outlook*, a business woman writes: "I have learned from experience always to give the preference to a gentlewoman. Her social position is founded on a rock. She is absolutely unafraid of its downfall, and in times of stress will 'dust' as cheerfully as she edited the day before and will edit the day after."

The nurse who is afraid of demeaning herself by putting her shoulder to the wheel, when needed, would do well to ponder the meaning of this. A rule given in the same article for office workers applies equally well to us: "Be always worth to your employer a little more than he pays you."

How inspiring it is, after hearing of the nurse who allowed her patient to do the cooking, and of the one who, finding herself on an obstetrical case in a poor family, refused to do anything *but* obstetrical work, to get the other side of the picture, as we do, for instance, in this extract from a private letter, an unsolicited tribute to the work of a faithful nurse:

"Our dear Miss Young died last Sunday. There had to be an operation and things seemed to be going well when her heart failed. She had given all her strength to others for too long. She was a glory of a nurse if ever there was one, and I am glad I knew such a woman could be."

One of the most successful private nurses we know, writing of the unsatisfactory state of things in the nursing world, says: -

"One of the pleasantest cases I ever had was my last one, last January, out in the country. The patient thought she had provided for her illness beautifully, but the young servant girl left when the baby was ten days old. As all her successors were awful, I begged her not to try any more, and we got on

with the help of a young girl mornings and evenings. I had not only my patient and baby but a two-year-old child, still in diapers. The heating arrangements of the house consisted of two coal-stoves and two grates, all of which needed constant attention. There was a grandmother who came over every afternoon, and the father worked hard to do everything he could in the morning. All went beautifully. I cared for my three charges, did not fail in my precautions in surgical cleanliness, the little lad was very good and happy and was started in better habits and given food suited to his age, the house was kept in order and fairly clean, my patient did not get up a day sooner than she would have done otherwise, and she was not allowed to help as she was so eager to do. I even kept the stockings darned in odd moments, and there was an atmosphere of peace and good will which I would not have exchanged for an easier lot. These people did not expect me to do all these extra things, and were at first greatly troubled about it, but I did not give out under the strain at all. It is always easier for me to pitch in and work hard in an atmosphere of trust and affection than to have what is considered an easy case where there is suspicion or distrust."

A leading physician, speaking to a graduating class recently, after enumerating all the hardships of a nurse's life and the personal qualifications necessary for her success, closed his remarks with these words: "Give me every time the woman of common sense, give me the lady." Another physician, in talking with a nurse recently, made the following statement:

"I know there are poor and unworthy doctors, lots of them, but there is this difference between the medical and nursing profession. The best doctors all take medical journals, they attend medical societies, and are continually being stimulated by an interchange of ideas with their fellow-workers. Nurses, on the other hand, even the best of them, don't seem to take much interest in their own periodicals and societies, and so they fail to progress."

Was he right?

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## NURSING EDUCATION: THE RESPONSIBILITY OF THE HOSPITAL

It is only within a comparatively short time that a few hospital managers have boldly made the assertion that the education of nurses and physicians was of practically the same importance to the community as the care of the sick, and such assertions have only been made by the managers of an exceptionally progressive class of institutions. The great majority of hospital managers would be horrified beyond measure to be told that *their* hospital supported by the generosity of the citizens of *their* community was being classed with the educational institutions of the country. In spite of the fact that such hospitals have conducted a training-school for years, "the imperfect appreciation of their true

scope on the part of their promoters and of the public generally," as Dr. Hurd has so truly said, is, to-day, the most difficult obstacle in the development of nursing education as a whole.

The example of the progressive hospitals and the requirements of State Registration are acting as a stimulus, however, so that we need not feel entirely discouraged in that quarter. Our efforts must be to see to it that developments are in the right lines.

Already the physical welfare of the nurses is being better and better provided for, as is shown in the homes, many of them so beautifully endowed, that are to be found in connection with nearly all of our best schools. It will be but a step to a more universal and broader provision for the professional side of the nurse's education.

We are of the opinion that the most serious defect that exists now, and has always existed, in training-schools, is in an inadequate number of pupils for the work of the hospital. We have never known a hospital that had nurses enough to properly care for the patients and still have time and strength and enthusiasm left for the strictly theoretical side of the training. It goes without argument that our great public hospitals cannot or will not exist without the training-school, and the training-school cannot, or should not, exist without the hospital. The two institutions are inseparable; neither can perform its function without the other. Hospital managers and the public must be brought to a better appreciation of this fact, when the support for both will become more liberal.

Hospital managers are the controlling factors in this line of development. Too frequently a hospital "must wait for death" before it can hope for improvement in its management on any lines. The public has a right to expect that the men and women who lend themselves to this service will keep in touch with progressive measures and see to it that the public is kept informed of the needs of these two important institutions combined under one head. In this whole broad question of the higher education of nurses, the first obligation that rests upon the hospital is to so increase its nursing staff that there may be time both for adequate care of the sick within its walls, and for the proper education or training of the nurses without over-work or over-strain. This means, of course, an increase in the cost of maintenance of the hospital, but it is a line of expenditure which is legitimate, and which conditions demand.

The time is not yet ripe for the universal establishment of nursing colleges, which we believe to be the ideal plan for the future. The nursing college requires an endowment and an experimental stage before it can be made adaptable to the needs of all hospitals.

Training-schools have developed because of a great need first of all for better service in the hospitals. Their growth, without plan or system, is truly wonderful. As thoughtful men and women begin to work together to bring order out of what seems a chaotic condition, it is remarkable that the serious obstacles are so few.

We publish in the Training-School Department the question papers of the New York State examination held in June. We shall refer to these questions in our next issue, when we touch upon the responsibility of the hospital from the teaching standpoint.

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### MEETING OF THE SUPERINTENDENTS OF HOSPITALS

THE eighth annual conference of the Association of Superintendents, which was held in Buffalo, N. Y., on September 18, 19, 20 and 21, was one of the most successful meetings that the Association has held.

The keynote of the address of the president, George P. Ludlam, of the New York Hospital, was Hospital Expansion. Mr. Ludlam emphasized the fact that the growth of hospitals had not been in proportion to the development of the country; he urged a broadening of all of the lines of the society, advocating a membership of other officers of hospitals, and dwelt at some length on the privilege of personal service which hospital superintendents enjoy. Later in the meeting the Constitution was so amended as to take into membership the officer in the hospital next in rank to the superintendent, and the name of the Society was changed to "The American Hospital Association."

All of the papers presented were of a high order of excellence, the one calling out the greatest discussion being by Miss C. A. Aikens, superintendent of the Columbia Hospital, Pittsburg, Pa., and associate editor of the *National Hospital Record*. Miss Aikens' subject was: "The Development of a Wider National Association." She pointed out the fact that nowhere in the United States was there a bureau of hospital statistics and as a result of her paper and the discussion which followed it, a committee was appointed to make investigations with a view to the establishment of such a bureau.

The question-box is always one of the interesting features of the superintendents' meeting. One of the questions which gave rise to much discussion was in substance as follows: "Would it not be well for this body of superintendents, who are interested in all departments of hospital work rather than in any one department, to suggest a curriculum for nurse-training schools?" The point was made that the Regents of the University of the State of New York had already issued a cur-

riculum and it was decided to refer the whole broad question of the training of nurses to the committee on the bureau of hospital statistics.

This committee is composed of Dr. G. H. M. Rowe, superintendent of the Boston City Hospital, who will report on hospital construction; Dr. S. S. Goldwater, superintendent of Mt. Sinai Hospital, New York, hospital administration; Dr. H. B. Howard, superintendent Massachusetts General Hospital, Boston, medical organization and education; and Miss Mary L. Keith, superintendent of the Rochester City Hospital, on the training and education of nurses. •

This committee will report progress in their several departments with such comments and recommendations for expansion as the results of their investigations warrant, and these reports are intended to be the beginning of the bureau of hospital statistics.

As we have already said, the interests of the hospital and training-school cannot be separated; every step of progress and development necessary for the one is important to the other. We consider this action by the American Hospital Association in including nursing education in its subjects for study to be one of the most progressive steps which has yet been taken in the development of nursing affairs.

We regret that the time is so short before our going to press that we must give so brief an account of this most interesting meeting.

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### THE SPIRIT OF COMMERCIALISM

THE spirit of commercialism will creep into most human affairs, but we particularly regret seeing it appear in the humane professions of medicine and nursing. A hospital in the West advertises in large letters in a daily paper: "Last Call. Only \$19,000 to raise before construction commences on the ——— hospital. This is your last chance to get stock at fifty cents a share. We have sold this stock to some of the best-known business and professional men of ———, whose names spell success for anything they undertake. A few days' delay and the stock will cost fifty per cent. more. Buy to-day and make this profit; the investment is bound to pay handsome returns. Other hospitals are paying the largest dividends of any kind of enterprise on the Pacific Coast."

This is well matched by a school in the East which announces: "The ——— School for nurses has purchased large properties and will extend the benefits of the free course in nursing to young women of every rural community throughout the entire country. The course is two years, but may be shortened to eighteen months by six months'

reading and study at home. The school provides room, board, nurse uniforms, gives full instruction, and pays the student's fare home at the end of the course. A special course is provided for those who cannot spend two years in the study but who wish to quickly prepare themselves for self-support. Nearly two hundred free scholarships will be available this year."

Both these enterprises make an appeal for support on the basis, not of benefit to the public or relief to the sick, but of large financial returns for very small investment of capital or time and study.

How are such things to be controlled? By public opinion? By doctors and nurses working together for the honor of their profession and uniting in a protest against such schemes? How can nurses trained in a hospital run on mercenary principles fail to be affected by such influence? How can women trained in a school that is connected with no hospital know anything about the practical care of the sick? And yet some such enterprises have announced that they are paying dividends of sixty per cent. to the stockholders, all of whom are physicians.

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### THE EQUAL SUFFRAGE POLICY

THE circular letter appearing in this issue signed by three officers of the Suffrage Association (among whom is Mrs. Florence Kelley, whom all nurses know for her work in the Consumer's League) is one of three thousand which are being sent to women's clubs, leagues and other organizations all over the country, quite irrespective of whether they are primarily suffrage associations or not. It is the most general and inclusive appeal that has yet been made to women's organizations to focus their efforts on Congress itself, and denotes the adoption of a policy that is going to be followed year after year. It has been well demonstrated that no method of impressing legislators with the legitimate desires of the public is more effective than continuous inquiry into, and publication of, their intentions in large public questions. It is therefore most probable that steady and unremitting questioning on this point by associations of women will have a more definite result than any other form of effort.

All associations of nurses who are interested in the whole broad subject of equal suffrage should respond to this appeal. It is Mrs. Kelley's opinion that permanent improvement in the lives of working women and working children will not be gained until equal suffrage is obtained.

## AN INJUSTICE TO AMERICAN NURSES

IN a letter written to the *German Nurses' Journal* on openings for German nurses in America Dr. Kiliani, of the German Hospital in New York, after describing conditions here in a very intelligent way, and explaining very sensibly why America is not a certain Eldorado these days, went on to make a statement that we must take exception to as being entirely erroneous and unjust to American nurses, viz., that "unfortunately" American nurses had formed a kind of trade-union and were unfriendly to the foreign nurses and disposed to keep them out. Now, we have considerable knowledge of nurses' organizations in America, but we have never known of one that had any tendency to trades-unionism or to a policy of exclusion where nurses from other countries are concerned, and we feel certain that Dr. Kiliani has been seriously misinformed. Such a spirit may perhaps exist here and there in nurses' boarding-houses. Not in our organizations. And we feel it an unfairness to the long-practised hospitality of this country that such an imputation should be made.

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## THE CENTRAL DIRECTORY AND THE SLIDING SCALE

THE central directory and the sliding scale are the most vital questions before the great body of private nurses at this time. While we differ from Miss Dock in some unimportant points, we are entirely in accord with all that she says of the need of properly-organized central directories and her suggestion that the sliding scale could be regulated through them would seem to take us a step nearer the solution of the problem of providing skilled nursing care for the great middle class. In its initiatory stage it would seem to be the safest way for the experiment to be tried. After the general public have become educated to the sliding scale through the central directories individual nurses could regulate their own charges, but it must take some years before this could be done, perhaps, with safety.

The central directory, organized under county supervision, we will say, with club-rooms and a library in conjunction with it, seems to be absolutely necessary as a means of holding nurses together and stimulating nursing interests in every large center. This, alone, should be incentive enough for their establishment, but when it has been so clearly demonstrated as in Toronto, that they can be used as a channel for providing skilled nursing care to the great middle class, there would seem to be no possible excuse for delaying their organization. This next year will, we trust, see great strides made along these lines.



## THE RED CROSS

THE coming year should see great progress made in the enrollment of nurses for the Red Cross. The lack of coöperation between the nurses of San Francisco and the Red Cross Society at the time of the disaster is already a matter of comment, as will be seen in a report found on another page. The disturbance in Cuba may well make nurses think of the results if a call for five hundred nurses for war service were to be issued by the Red Cross Society or the War Department to be in the field on ten days' notice.

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## THE SPANISH-AMERICAN WAR NURSES

THE Spanish-American war nurses held their seventh annual meeting in Boston during the first week in September, and elected Dr. Laura A. C. Hughes president. Dr. Hughes is a graduate from the training-school for nurses of the Boston City Hospital, and although she has been for a number of years a practicing physician, she has never lost her interest in nursing affairs, but has been an active worker in the Spanish-American War Nurses' Association and in the State Nurses' Association of Massachusetts, the Boston Nurses' Club, and the *alumnæ* association of her own school. We understand that the membership roll of the Spanish war nurses is now only about one-third of what it should be, but we predict that under Dr. Hughes' popular leadership there will be a large enrollment of new members this year. These war nurses so represent an important epoch in nursing history that they should stand strongly united as promoters and supporters of plans for the improvement of the Army nursing service, first of which we hope may be an amendment to the present Army Bill providing promotion with rank as a reward for satisfactory service for the members of the Army nurse corps.

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THE Rhode Island Hospital of Providence has this season sent its orthopædic children to a summer camp on Narragansett Bay. Through the generosity of Mr. James A. Garland the old Hotel Conanicut, for five years closed to the public, was made available for the use of the children, and under the care of nurses and doctors from the hospital twenty-five little patients have spent the summer by the sea. The improvements reported in tubercular bone cases especially seem quite phenomenal. Sea bathing and nourishment have been the lines of treatment followed.